Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Enective October 1, 2003                                                            |                                                |                                                                  |                                        |                                             |                       |                                  |                 |     | 1569                   | 00          | - 000               | <u> </u>               |
|-------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|----------------------------------------|---------------------------------------------|-----------------------|----------------------------------|-----------------|-----|------------------------|-------------|---------------------|------------------------|
|                                                                                     |                                                | CLAIMS A                                                         | S FILED - PART I<br>(Column 1)         |                                             | (Column 2)            |                                  | SMAL<br>TYPE    | LE  | NTITY                  | ·OR         |                     | R THAN<br>ENTITY       |
| TOTAL CLAIMS                                                                        |                                                |                                                                  | 19                                     |                                             | ·                     |                                  | RAT             | E   | FEE                    | 7           | RATE                | FEE                    |
| FOR                                                                                 |                                                |                                                                  | NUMBER FILED                           |                                             | NUMBER EXTRA          |                                  | BASIC           | FEE | 385.00                 | OR          | BASIC FEE           | <del></del>            |
| T                                                                                   | OTAL CHARGE                                    | ABLE CLAIMS                                                      | /4 mil                                 | nus 20=                                     | · _                   |                                  | . XS            | 9=  |                        | OR          | XS18=               |                        |
| <u> </u>                                                                            | DEPENDENT C                                    |                                                                  | 3 minus 3 = 1 2                        |                                             |                       |                                  | X43             | =   |                        | OR          | X86=                |                        |
| M                                                                                   | ULTIPLE DEPE                                   | NDENT CLAIM P                                                    | RESENT                                 |                                             |                       |                                  | +145            | 5=  | ·                      | OR          | ÷290=               |                        |
| *                                                                                   | f the difference                               | e in column 1 is                                                 | less than zero, enter "0" in column 2  |                                             |                       |                                  | TOT             | ٩L  |                        | OR          | TOTAL               | 770                    |
|                                                                                     | C                                              | CAIMS AS A                                                       | MENDED - PART II (Column 2) (Column 3) |                                             |                       |                                  | SMA             |     | ENTITY                 | OR          | OTHER<br>SMALL      |                        |
| ENT A                                                                               | ·                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                                        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                       | PRESENT<br>EXTRA                 | RAT             | E   | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A                                                                         | Total                                          | *                                                                | Minus                                  | mk                                          |                       | =                                | XS 9            | =   |                        | OR          | X\$18=              |                        |
|                                                                                     | Independent                                    | *                                                                | Minus                                  | ***                                         |                       | =                                | X43             | -   |                        | OR          | X86=                |                        |
| L                                                                                   | FIRST PRESE                                    | ULTIPLE DEF                                                      | PENDENT                                | CLAIM                                       |                       | +145                             | =               |     | OR                     | +290=       |                     |                        |
|                                                                                     |                                                |                                                                  |                                        |                                             |                       |                                  | TO ADDIT, F     |     |                        | OR          | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                    |                                                |                                                                  |                                        |                                             |                       |                                  |                 |     |                        |             | ADDIT. I EE         |                        |
| AMENDMENT B                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                                        | HIGHE<br>NUMB<br>PREVIOU<br>PAID F          | ER<br>USLY            | PRESENT<br>EXTRA                 | RATE            |     | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                     | Total                                          | *                                                                | Minus                                  | **                                          |                       |                                  | X\$ 9           | -   |                        | OR          | X\$18=              |                        |
|                                                                                     | Incependent                                    | NTATION OF M                                                     | Minus                                  | ***                                         | CL 4144               | =                                | X43=            |     |                        | OR          | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |                                                |                                                                  |                                        |                                             |                       |                                  | +145            | -   |                        | OR          | +290=               |                        |
|                                                                                     |                                                |                                                                  |                                        |                                             |                       |                                  | TOT<br>ADDIT. F |     | :                      | OR ,        | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                    |                                                |                                                                  |                                        |                                             |                       |                                  |                 |     |                        |             |                     |                        |
| AMENDMENT C                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                        |                                        | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO        | ER<br>JSLY            | PRESENT<br>EXTRA                 | RATE            |     | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                     | Total                                          | *                                                                | Minus                                  | **                                          |                       | = .                              | X\$ 9=          |     |                        | OR          | X\$18=              | •                      |
| AME                                                                                 | Independent                                    | *                                                                | Minus                                  | ***                                         |                       | =                                | X43=            | T   |                        | OR          | X86=                |                        |
|                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                  |                                        |                                             |                       |                                  | +145=           | +   |                        | \rightarrow |                     |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                |                                                                  |                                        |                                             |                       |                                  |                 |     |                        | OR          | +290=               |                        |
| ****                                                                                | f the "Highest Nur<br>f the "Highest Nur       | mber Previously Pai<br>mber Previously Pa<br>ber Previously Paid | id For" IN THIS<br>id For" IN THIS     | SPACE is I                                  | ess than<br>less than | 20, enter "20."<br>3. enter "3." | ADDIT. FE       | E L |                        |             | TOTAL DDIT. FEE     |                        |